FORM 102
QUARTERLY FINANCIAL REPORT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING
MUST BE FILED BY ANY ORGANIZATION WITH TOTAL CHARITABLE GAMING RECEIPTS OF $50,000 OR MORE FOR THE QUARTER

CHECK QUARTER	☐ 1st Quarter	☐ 2nd Quarter	☐ 3rd Quarter	☐ 4th Quarter
FISCAL YEAR				
PERIOD FOR	10/1 thru 12/31	1/1 thru 3/31	4/1 thru 6/30	7/1 thru 9/30
DUE DATE	March 1st	June 1st	Sept. 1st	Dec. 1st

ORGANIZATION INFORMATION

Organization Name _____ DCG No. _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ E-Mail _____

Contact Person _____ Daytime Phone _____

PART 1 - RECEIPTS	ROUND TO NEAREST DOLLAR
1. Bingo Paper Sales Before Discounts	$
2. Electronic Bingo Device Sales Before Discounts	$
3. Bingo Session Instant Bingo, Seal Cards, Coin Board Sales	$
4. Bingo Session Treasure Chests and Raffle Sales	$
5. Bingo Session Miscellaneous Sales (*Daubers, Tape, etc. if purchased with gaming funds*)	$
6. **GROSS RECEIPTS FOR BINGO SESSIONS** (Line 1 thru Line 5)	$
7. Discounts Given	$
8. **ADJUSTED RECEIPTS FOR BINGO SESSIONS** (Line 6 minus Line 7)	$
9. Raffle and other Outside Gaming Sales	$
10. **TOTAL RECEIPTS FOR QUARTER** (Line 8 plus Line 9)	$

PART 2 - AUDIT AND ADMINISTRATION FEE CALCULATION		
11. **AUDIT & ADMINISTRATION FEE DUE WITH REPORT**	Make check payable to: Treasurer of Virginia	(Line 10 X 1.125%) $

ACKNOWLEDGEMENT
The President or Chief Executive Officer must acknowledge their signature below before a Notary Public.
The Notary Public must administer an oath and complete the acknowledgement portion.

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and attachments are true, full, and correct to the best of my knowledge and belief.

_____ _____
Signature of President or Chief Executive Officer **Date**

Print Name: _____ **Title:** _____

NOTARY: **COMMONWEALTH OF VIRGINIA, City/County of** _____

Acknowledged before me this _____ **day of** _____ **in the year** _____.

My commission expires: _____ **Notary Public:** _____